

TO: RECORDS ACCESS OFFICER

APPLICATION FOR PUBLIC ACCESS TO RECORD

I hereby apply to inspect the following record (One Application for EACH record): TODAY'S DATE: _____

<input type="checkbox"/> <u>ACCIDENT REPORT (MV-104)</u>	 [CHECK ONE BOX] 	<input type="checkbox"/> <u>POLICE REPORT/INCIDENT CARD</u>
(Please <u>print</u> ALL information, <u>sign</u> and <u>ATTACH COPY OF PICTURE IDENTIFICATION</u>)		
Date of Incident: _____		Complaint # 13- _____
Name on Report: _____		Address of <u>Incident</u> : _____
_____ PLEASE PRINT YOUR NAME	_____ PHONE NUMBER	_____ REPRESENTING (ie: Self, Ins Co.)
<u>[Reports to be picked up, will only be held for 30 days.</u> <u>Make copies for your records,</u> <u>you will be charged for any future copies.]</u>		
& <u>SIGN YOUR NAME</u> _____		

<input type="checkbox"/> <u>ARREST RECORD CHECK</u> \$15.00 fee (Check only)	[Please <u>print</u> all information and attach copy of picture identification AND if not for yourself, provide signed copy of "Authorization for Release of Information"]	
Name being researched: _____ NYS Driver's License Number _____		
Birth date _____	Male or Female _____	Maiden name and/or Alias _____
_____ PLEASE PRINT YOUR NAME	_____ PHONE NUMBER	_____ REPRESENTING (ie: Self, Army)
& <u>SIGN YOUR NAME</u> _____		
Lancaster Address _____		

<small>If you are requesting the report(s) be mailed, please indicate below by <u>printing</u> the complete mailing address to which items are to be sent and submit a <u>check</u> for \$3.00 payable to the Town of Lancaster.</small>
NAME and MAILING ADDRESS _____

FOR TOWN USE ONLY

- ☐ APPROVED ☐ DENIED FOR THE REASON(S) CHECKED BELOW:
- | | |
|--|--|
| <input type="checkbox"/> CONFIDENTIAL DISCLOSURE | <input type="checkbox"/> PART OF INVESTIGATORY FILE |
| <input type="checkbox"/> UNWARRANTED INVASION OF PERSONAL PRIVACY | <input type="checkbox"/> RECORD OF WHICH THIS OFFICER IS LEGAL CUSTODIAN CANNOT BE FOUND |
| <input type="checkbox"/> EXEMPTED BY STATUTE OTHER THAN THE FREEDOM OF INFORMATION ACT | |
| <input type="checkbox"/> OTHER (SPECIFY) _____ | |

SIGNATURE

TITLE

DATE

NOTICE TO REQUESTOR:

YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO:

LANCASTER TOWN ATTORNEY 21 CENTRAL AVE. LANCASTER, NY 14086 716-684-3342

WHO MUST FULLY EXPLAIN HIS REASON FOR SUCH DENIAL IN WRITING SEVEN (7) DAYS OF RECEIPT OF AN APPEAL.

I HEREBY APPEAL: _____
SIGNATURE

DATE